TSD File Inventory Index

Date: Jarry 6, 2003
Initial: CMlereval

Facility Name: Commonwealth Educ	7D (Conquery Textrical Centre one full lit	
Facility Name: Commonwealth Educ Facility Identification Number: 110.043	35	2 <u>579</u>	
A.1 General Correspondence		B.2 Permit Docket (B.1.2)	
A.2 Part A / Interim Status	- Complete	.1 Correspondence	
1 Correspondence	ونسيم	.2 All Other Permitting Documents (Not Part of the ARA)	
.2 Notification and Acknowledgment	X	C.1 Compliance - (Inspection Reports)	
.3 Part A Application and Amendments	·	C.2 Compliance/Enforcement	X
.4 Financial Insurance (Sudden, Non Sudden)		.1 Land Disposal Restriction Notifications	
.5 Change Under Interim Status Requests		.2 Import/Export Notifications	
.6 Annual and Biennial Reports		C.3 FOIA Exemptions - Non-Releasable Documents	
A.3 Groundwater Monitoring		D.1 Corrective Action/Facility Assessment	
.1 Correspondence		.1 RFA Correspondence	
.2 Reports		.2 Background Reports, Supporting Docs and Studies	
A.4 Closure/Post Closure		.3 State Prelim. Investigation Memos	
.1 Correspondence		.4 RFA Reports	
.2 Closure/Post Closure Plans, Certificates, etc		D. 2 Corrective Action/Facility Investigation	
A.5 Ambient Air Monitoring		.1 RFI Correspondence	
.1 Correspondence		.2 RFI Workplan	
2 Reports		.3 RFI Program Reports and Oversight	
B.1 Administrative Record		.4 RFI Draft /Final Report	

TOTAL -1

.5 RFI QAPP	.7 Lab data, Soil Sampling/Groundwater		
.6 RFI QAPP Correspondence	.8 Progress Reports		
.7 Lab Data, Soil-Sampling/Groundwater	D.5 Corrective Action/Enforcement		
.8 RFI Progress Reports	.1 Administrative Record 3008(h) Order		
.9 Interim Measures Correspondence	.2 Other Non-AR Documents		
.10 Interim Measures Workplan and Reports	D.6 Environmental Indicator Determinations		
D.3 Corrective Action/Remediation Study	.1 Forms/Checklists		
.1 CMS Correspondence	E. Boilers and Industrial Furnaces (BIF)		
.2 Interim Measures	.1 Correspondence		
.3 CMS Workplan	.2 Reports		
.4 CMS Draft/Final Report	F Imagery/Special Studies (Videos, photos, disks, maps, blueprints, drawings, and other special materials.)		
.5 Stabilization	G.1 Risk Assessment		
.6 CMS Progress Reports	.1 Human/Ecological Assessment		
.7 Lab Data, Soil-Sampling/Groundwater	.2 Compliance and Enforcement		
D.4 Corrective Action Remediation Implementation	.3 Enforcement Confidential		
.1 CMI Correspondence	.4 Ecological - Administrative Record		
.2 CMI Workplan	.5 Permitting		
.3 CMI Program Reports and Oversight	.6 Corrective Action Remediation Study		
.4 CMI Draft/Final Reports	.7 Corrective Action/Remediation Implementation		
.5 CMI QAPP	.8 Endangered Species Act		
.6 CMI QAPP Correspondence	.9 Environmental Justice		

Note: Transmittal Letter to Be Included with Reports,
Comments: <u>Drainents dr net justify in deudurl filder gurschedule</u>

A.2 Part A/ Interim Status



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

INSTALLATION ADDRESS

ILD043352509 REACKNOWLEDGEMENT

COMMONWEALTH EDISON TECHNICAL CENTER PO BOX 767 ROOM 1700E

1319 SOUTH FIRST AVENUE MAYWOOD

IL 60153

EPA Form 8700-12B (4-80)

09/28/81

C.2 Compliance/ Enforcement



CHICAGO

SEP 2 8 1982 ENVIRONMENTAL PROTECTION AGENCY

REGION V 230 SOUTH DEARBORN ST. CHICAGO, ILLINOIS 60604

FILE COPY

REPLY TO ATTENTION OF: RCRA ACTIVITIES

HEMMINGER THOS DIR WATER QUAL COMMUNWEALTH EDISON CO TECHNICAL C*

PO BOX 767 ROUM 1700E

IL 60690

FACILITY: 1319 S 1ST AVE

LOCATION: MAYWOOD IL 60153

ID NO .: ILD043352509

RE: TSD Notification without Part A Application

Dear Notifier:

The United States Environmental Protection Agency (U.S. EPA) has received your notification of hazardous waste activity. On that form, by checking the "treat/store/dispose" (TSD) box, you indicated that you are a hazardous waste management facility (HWMF). To date, however, we have no record of having received Part A application for a hazardous waste permit which is required for all HWMFs.

Federal regulations require owners and operators of existing HWMFs (installations which treat, store, or dispose of hazardous waste) to have submitted a Part A permit application to the Regional Administrator by November 19, 1980, in accordance with 40 CFR 122.22. This requirement applied to HWMFs which were in existence on or before November 19, 1980. New facilities (those established after November 19, 1980) are required to submit Part A and Part B of their permit application, and receive a Resource Conservation and Recovery Act (RGRA) permit before beginning physical construction.

If your facility treats, stores, or disposes of hazardous waste, then your facility is operating without a hazardous waste permit, in violation of Section 3005 of RCRA, as amended. This violation is considered serious by the U.S. EPA, and may subject you to Federal enforcement under Section 3008 of RCRA for past and continued non-compliance.

Please submit your completed Part A application to the address below within fifteen days of receipt of this letter:

RCRA ACTIVITIES
P. O. Box A3587
Chicago, Illinois 60690-3587

We are aware that some hazardous waste handlers may have marked the TSD box on the notification form as a precaution or as a result of misunderstanding the May 19, 1980, hazardous waste regulations. If you notified us as a TSD in error, or if your status as a treatment, storage, or disposal facility has changed, please advise us in writing immediately.

Please contact Arthur Kawatachi of my staff at (312) 353-2197, if you have any questions regarding this letter.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief

Waste Management Branch



October 4, 1982

RCRA Activities
P.O. Box A3587
Chicago, Illinois 60690-3587
Attn: Karl J. Klepitsch, Chief
Waste Management Branch

Subject: Improper Notification of TSD Activity

Facility I.D. Number: ILD 043352509

Dear Mr. Klepitsch:

In response to your letter of September 28, 1982 we wish to inform you that Commonwealth Edison's Technical Center in Maywood, Illinois, U.S. EPA's Facility I.D. Number ILD 043352509 is not in fact a hazardous waste treatment, storage or disposal (TSD) facility. This facility was erroneously identified as a TSD facility on this facility's notification of hazardous waste activity. Because this facility is not a TSD, we will not be submitting a Part A application.

Should you have any questions regarding this matter, please call Angela Jankousky of my staff at 312/294-4458.

Sincerely,

Thomas E. Hemminger

Director of Water Quality

0599E ALJ:TEH:pp



November 19, 1980

CERTIFIED MAIL

U.S. Environmental Protection Agency, Region V RCRA Activities Post Office Box 7861 Chicago, Illinois 60680 file

Subject: Notification of Hazardous Waste Activity

Dear Sirs:

Please amend all Commonwealth Edison Company notification forms submitted on August 15, 1980 to include F003, F004 and F005 wastes in Section IX,A.

If there are any questions, please call me at 312/294-4433.

Sincerely,

bineerer,

Thomas E. Hemminger

Director of Water Quality

MEW:TEH:ds



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5 77 WEST JACKSON BOULEVARD CHICAGO, IL 60604-3590

FEB 03 2003

REPLY TO THE ATTENTION OF

DE-9J

CERTIFIED MAIL 7001 0320 0006 0177 2886 RETURN RECEIPT REQUESTED

Neena Hemmady, Senior Environmental Compliance Specialist Commonwealth Edison Company Energy Delivery Three Lincoln Centre Oakbrook Terrace, Illinois 60181-4260

Re:

Notice of Violation dated December 19, 2002

EPA I.D. No.: ILD 043 352 509

Dear Ms. Hemmady:

On December 19, 2002, the United States Environmental Protection Agency (U.S. EPA), issued Commonwealth Edison Company facility (ComEd or facility), located in Maywood, Illinois a Notice of Violation (NOV) which identified violations of Title 35 of the Illinois Administrative Code (IAC). U.S. EPA received ComEd's response to the NOV on January 27, 2003.

This letter is to inform you that U.S. EPA has reviewed ComEd's response and determined that no further enforcement action will be taken at this time. This determination does not limit the applicability of the requirements evaluated, other RCRA regulations, or regulations under other environmental statutes. ComEd's hazardous waste management operations will continue to be evaluated by U.S. EPA and the Illinois Environmental Protection Agency in the future.

If you have any questions and/or concerns regarding this matter, please contact Ms. Sheila Burrus, of my staff, at (312)886-3587.

Sincerely

Lorna M. Jereza, P.E., Chief

Compliance Section 1

Enforcement and Compliance Assurance Branch

Waste, Pesticides and Toxics Division

cc: Todd Marvel, IEPA



Waste, Pesticides and Toxics Division

<u>[</u>	of Document: ☐ Notice of Violation and Inspection Report/Checklist ☐ No Violation Letter and Inspection Report/Checklist ☐ Letter of Acknowledgment ☐ Information Request						
	☐ Pre-Filing and Opportunity to	Confer					
	☐ State Notification of Enforcer		·				
Facility Name :	Commonus	ealth Fa	line				
Facility Location:	1319 South	1 1St Ste	ise +				
City:	ngwood s D 043 352 509 Thèila Burne	tate: ZZ	2 .				
U.S. EPA ID#	D 043 352 509	<u> </u>					
Assigned Staff	heila Burne	Phone:	X-6-3587				
Name	Signature		Date				
Author	S-BUREUS	1/30/03					
Regional Counsel	N/A N/A						
Section Chief	Minard A. G. Ce for 2mg 1/30/03						
Branch Chief							

Directions/Request for Clerical Support:

After the Section Chief/Branch Chief signs this sheet and original letter:

- Date stamp the cover letter; 1.
- 2. Make four copies of the contents of this folder:

One copy for the assigned staff;

One copy for the section file;

One copy for the branch file; and

One copy for the official file.

- Make any additional copies for cc's or bcc's. 3.
- 4. Mail the original certified mail and distribute office copies and cc's and bcc's.

700103000060177 2886 Once the certified mail receipt is returned:

- File the certified mail receipt (green card), with this sign-off sheet and the official file 5. copy, and take to 7th floor RCRA file room;
- E-mail staff the date that the letter was received by facility. 6.

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

VEFA	NOTIFICAT	ION OF HAZARD	OUS WASTE A	CTIVITY	INSTRUCTIONS: If you received a preprinted
INSTALLA- TION'S EPA I.D. NO.	112	04339	- 20	0	label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is
I. STALLATION	16	10422) 250	10 , 10	complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted
INSTALLA- TION II. MAILING ADDRESS	PLEA	SE PLACE LABEL	INTHIS OPAC	SE AUG 25	label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer
LOCATION III OF INSTAL- LATION					to the INSTRUCTIONS FOR FILING NOTIFI- CATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).
FOR OFFICIAL	USE ONLY	\$4 F. A.			
C 15 16		co	MMENTS		
The state of the s	ON'S EPA I.D. NUM	BER APPROVED	(yr., mo., & day)		8
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	CITY	OR TOWN		ST. ZIF	CODE
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III. LOCATION	OF INSTALLATIO	N		0 48 42 47	
	STRE	ET OR ROUTE NUMBER	R		
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	CITY	OR TOWN		ST. ZIF	CODE
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IV. INSTALLAT			11.7		
2 H E M M I	N G E R T	HOMAS	ob title)		PHONE NO. (area code & no.) 3 1 2 2 9 4 4 3 3 49 45 51 52 55
V. OWNERSHIP					
8 C O M M O	N W E A L T	H E D T S O	N COMP	OWNER A N V	
15 16 B. TYPE OF (enter the appropri	OWNERSHIP	VI. TYPE OF HAZA		ACTIVITY /e	nter "X" in the appropriate box(es))
		🖺 A. GENERA			TRANSPORTATION (complete item VII)
F = FEDERA M = NON-FE		C. TREAT	STORE/DISPOSE		UNDERGROUND INJECTION
VII. MODE OF T		N (transporters only -	- enter "X" in the	appropriate	box(es))
A. AIR	B. RAIL	C. HIGHWAY	D. WATER	E. OTHE	R (specify):
	SUBSEQUENT NO propriete box to indic		installation's first no	tification of haz	zardous waste activity or a subsequent notification.
If this is not your fi	rst notification, enter	your Installation's EPA	I.D. Number in the s	pace provided b	c. Installation's EPA I.D. No.
X A. FIRST	NOTIFICATION	a. susseque	NT NOTIFICATION	N (complete iter	
	ON OF HAZARDO	US WASTES provide the requested info	ormation	$ F ^{\frac{1}{2}} = F ^{\frac{1}{2}} \otimes F ^{\frac{1}{2}}$	
		1111			

ESCRIPTION OF HAZARDOUS WASTES (continued from front) ZARDOUS WASTES FROM NON—SPECIFIC SOURCES. Enter the four—digit number from 40 CFR Part 261.31 for each listed hazardous to from non—specific sources your installation handles. Use additional sheets if necessary. A					I.D FOR OFFIC	IAL USE ONLY
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32		2	# 8 8 8	4	3	6
ARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four—digit number from 40 CFR Part 261.32 for each listed hazardous waste fit industrial sources your installation handles. Use additional sheets if necessary. 13 14 15 16 17 18 23 - 26 25 - 26 27 - 28 28 - 29 30 30 MERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four—digit number from 40 CFR Part 261.33 for each chemical sules be your installation handles which may be a hazardous waste. Use additional sheets if necessary. 23 - 26 23 -	23 - 26	23 - 26	23 - 26			23 - 26
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RACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
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D.

E.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME & OFFICIAL TITLE (type or print)

J. W. Johnson

Vice President

EPA Form 8700-12 (6-80) REVERSE